

Maryland Department Of Health And Mental Hygiene  
YOUTH CAMP LICENSURE INSPECTION FORM

Youth Camp Name <input type="text"/>	ID# <input type="text"/>	Inspection Date <input type="text"/>
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Youth Camp Physical Address <input type="text"/>
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\* **CRITICAL VIOLATIONS - CORRECT WITHIN 10 DAYS UNLESS OTHERWISE SPECIFIED BY THE DEPARTMENT.**  
 NON-CRITICAL VIOLATIONS - CORRECT WITH 10 DAYS UNLESS OTHERWISE SPECIFIED BY THE DEPARTMENT.  
 N/A = Not Applicable      N/I = Not Inspected

COMAR 10.16.06	APPROVED	COMAR 10.16.06	APPROVED
.06 ANNUAL REPORT *	<input type="text"/>	.37 SEWAGE DISPOSAL *	<input type="text"/>
.07 CERTIFICATE/LETTER OF COMPLIANCE	<input type="text"/>	.38 TOILET FACILITIES	<input type="text"/>
.08 APPLICATION PROCEDURES AND FEES	<input type="text"/>	.39 BATHING AND HAND WASHING FACILITIES *	<input type="text"/>
.10 TIME PERIOD FOR CORRECTION OF VIOLATIONS	<input type="text"/>	.40 SLEEPING FACILITIES IN RESIDENT YOUTH CAMPS	<input type="text"/>
.13 POSTING OF CERTIFICATE OR LETTER OF COMPLIANCE	<input type="text"/>	.41 TENTS OR FABRIC SHELTERS	<input type="text"/>
.20 CONSTRUCTING, REMODELING, ENLARGING, CONVERTING, OR REDUCING FACILITIES *	<input type="text"/>	.42 FOOD SERVICE *	<input type="text"/>
.21 CRIMINAL BACKGROUND INVESTIGATIONS	<input type="text"/>	.43 GARBAGE AND OTHER REFUSE	<input type="text"/>
.22 HEALTH PROGRAM *	<input type="text"/>	.44 INSECT, RODENT, AND VERMIN CONTROL	<input type="text"/>
.23 HEALTH PERSONNEL *	<input type="text"/>	.45 RABIES CONTROLS	<input type="text"/>
.24 HEALTH LOG	<input type="text"/>	.46 FIRE AND OTHER HAZARDS *	<input type="text"/>
.25 REQUIRED REPORTS *	<input type="text"/>	.47 SWIMMING - POOL * <input type="text" value="Not Observed"/>	N/A
.26 REPORT FORM	<input type="text"/>	.47 SWIMMING - NATURAL SWIM AREA * <input type="text" value="Not Observed"/>	N/A
.27 CAMPER'S HEALTH RECORD *	<input type="text"/>	.47 WATERCRAFT * <input type="text" value="Not Observed"/>	N/A
.28 CAMPER'S IMMUNIZATION REQUIREMENTS *	<input type="text"/>	.48 RIFLERY * <input type="text" value="Not Observed"/>	N/A
.29 STAFF MEMBER'S OR VOLUNTEER'S HEALTH RECORD *	<input type="text"/>	.48 AIR GUNS * <input type="text" value="Not Observed"/>	N/A
.30 STAFF MEMBER'S OR VOLUNTEER'S IMMUNIZATION REQUIREMENTS *	<input type="text"/>	.49 ARCHERY * <input type="text" value="Not Observed"/>	N/A
.31 EXCLUSION FOR ACUTE ILLNESS AND COMMUNICABLE DISEASE *	<input type="text"/>	.50 HORSEBACK RIDING * <input type="text" value="Not Observed"/>	N/A
.32 HEALTH TREATMENT	<input type="text"/>	.51 OTHER SPECIALIZED ACTIVITIES * <input type="text" value="Not Observed"/>	N/A
.33 NONPRESCRIPTION AND PRESCRIPTION MEDICINE	<input type="text"/>	.52 CAMP TRIP SAFETY *	<input type="text"/>
.34 EMERGENCY PROCEDURES *	<input type="text"/>	.53 TRANSPORTATION *	<input type="text"/>
.35 CHILD ABUSE *	<input type="text"/>	.54 SUPERVISION OF CAMPERS DURING ROUTINE ACTIVITIES *	<input type="text"/>
.36 WATER SUPPLY *	<input type="text"/>		

## INSPECTION OBSERVATIONS

### Camp Type

Is this a primitive camp? <input type="radio"/> Yes <input type="radio"/> No	Camp Type <input type="text" value="Select..."/>
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### Review Application and Certificate Paperwork

.06 Has the annual report for the previous year been filed and approved by the DHMH?	Date Approved <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
.06 Is this the first year the camp has operated? <input type="radio"/> YES <input type="radio"/> NO		
.07 Has Maryland Department of Health and Mental Hygiene issued a Certificate or Letter of Compliance for this physical address?	Date Issued <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
.08 Was the camp application submitted? <input type="text" value="Do Not ..."/> <input type="text" value="Do Not Delete"/>	Date Submitted <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
.08 Was the appropriate application fee paid or alternative accreditation documentation provided?	Fee Paid <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
.10 Are there any outstanding violations which have not been corrected?	Compliance Date <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
.10 Is this the first year the camp has operated? <input type="text" value="..."/>		<input type="radio"/> YES <input type="radio"/> NO
.13 Is the Certificate or Letter of Compliance posted?		<input type="radio"/> YES <input type="radio"/> NO

### Review amp Facilities

.20 Has the camp constructed, remodeled, enlarged, converted, or reduced facilities?		<input type="radio"/> YES <input type="radio"/> NO	
.20 Did the camp obtain the required permits and inspections for the work? <input type="radio"/> YES <input type="radio"/> NO			
Review Employee Background Checks			
.21 How many paid employees work at camp?			
.21 Where are the employee criminal background checks housed?		<input type="radio"/> On-Site <input type="radio"/> Off-Site-Not Inspecting <input type="radio"/> Off-Site-Inspecting	
.21 List employees below. <b>You have not reviewed enough employees.</b> <b>All staff are volunteers.</b> <input type="button" value="Do No..."/> <input type="button" value="Do Not D..."/>			
First Name: <input type="text"/>		Last Name: <input type="text"/> MD CBI: <input type="radio"/> YES <input type="radio"/> NO FBI CBI: <input type="radio"/> YES <input type="radio"/> NO	
.21 Is the following person, <input type="text"/> , an employee of the camp this year? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> BLANK			
Who is the owner or director that will complete a background check using DHMH authorization number 9400019171:			
First Name: <input type="text"/>		Middle Initial: <input type="text"/> Last Name: <input type="text"/>	
Review the written health program			
.22 Does camp have a written health program?		<input type="radio"/> YES <input type="radio"/> NO	
.22 Has the health program been signed by the health supervisor?		<input type="radio"/> YES <input type="radio"/> NO	
.22 Was the approval of the health supervisor given within the past 12 months?		<input type="radio"/> YES <input type="radio"/> NO	
.22 Is the health program on file in the headquarters or office?		<input type="radio"/> YES <input type="radio"/> NO	
.22 Is the health program available to the camp staff members?		<input type="radio"/> YES <input type="radio"/> NO	
.22 Does the health program include the following: <input type="button" value="Do Not Delete"/>			
Name of Health Supervisor?		<input type="radio"/> YES <input type="radio"/> NO	
Title of Health Supervisor?		<input type="radio"/> YES <input type="radio"/> NO	
Maryland or Compact State License Number of Health Supervisor?		<input type="radio"/> YES <input type="radio"/> NO	
.22 Does the health program include procedures for the camp staff members to:			
Obtain camper and staff health information?		<input type="radio"/> YES <input type="radio"/> NO	
Notify the health supervisor when a camper has an identified medical problem?		<input type="radio"/> YES <input type="radio"/> NO	
Disseminate information to staff members that work with a camper having a health problem?		<input type="radio"/> YES <input type="radio"/> NO	
Care for a camper with an identified medical problem?		<input type="radio"/> YES <input type="radio"/> NO	
Maintain confidentiality regarding all health information on campers and staff members?		<input type="radio"/> YES <input type="radio"/> NO	
Observe campers each day for easily discernible signs of injury or illness?		<input type="radio"/> YES <input type="radio"/> NO	
Handle health emergencies and accidents?		<input type="radio"/> YES <input type="radio"/> NO	
Use emergency ambulance services and 911 services?		<input type="radio"/> YES <input type="radio"/> NO	
Care for and supervise an injured or ill camper until camper is returned to parent/guardian?		<input type="radio"/> YES <input type="radio"/> NO	
Notify parent, guardian, or the designee when a camper is observed to be injured or ill?		<input type="radio"/> YES <input type="radio"/> NO	
Report health situations in accordance with COMAR 10.16.06.25 and 10.16.06.26?		<input type="radio"/> YES <input type="radio"/> NO	
Prevent the spread of an infectious disease by using:			
Hand washing procedures?		<input type="radio"/> YES <input type="radio"/> NO	
Personal protective equipment?		<input type="radio"/> YES <input type="radio"/> NO	
Personal hygiene?		<input type="radio"/> YES <input type="radio"/> NO	
An exposure control plan?		<input type="radio"/> YES <input type="radio"/> NO	
Review Medication Procedures			
.33 Does camp have written procedures for medication administration as part of the health program?		<input type="radio"/> YES <input type="radio"/> NO	
.33 Are staff members administering medications?		<input type="radio"/> YES <input type="radio"/> NO	
Staff Administered Medication			

.33 Is staff member administering medication a Registered Nurse or Certified Medication Technician?		<input type="radio"/> YES <input type="radio"/> NO
.33 Are campers self-administering medications?		<input type="radio"/> YES <input type="radio"/> NO
<b>Self-Administered Medication</b>		
.33 Has the parent or guardian provided written authorization for the camper to self-administer medicine?		<input type="radio"/> YES <input type="radio"/> NO
.33 Has the health supervisor designated an adult staff member or volunteer to supervise campers as they self-administer medicine?		<input type="radio"/> YES <input type="radio"/> NO
.33 Does the designated adult staff member or volunteer supervise campers as they self-administer medicine?		<input type="radio"/> YES <input type="radio"/> NO
.33 Has the health supervisor completed an assessment of the camper to determine if self-administration is appropriate?		<input type="radio"/> YES <input type="radio"/> NO
.33 Do parents of campers come to camp to administer medications to their child?		<input type="radio"/> YES <input type="radio"/> NO
.33 Are medications present at camp?		<input type="radio"/> YES <input type="radio"/> NO
.33 Does camp have a prescriptive order for all medications administered at camp?		<input type="radio"/> YES <input type="radio"/> NO
.33 Is all medicine kept in its original container?		<input type="radio"/> YES <input type="radio"/> NO
.33 Does the container for non-prescription medicine include the directions for use?		<input type="radio"/> YES <input type="radio"/> NO
.33 Is the medicine given to the camper from the original container?		<input type="radio"/> YES <input type="radio"/> NO
.33 Are the directions for use provided on or with the medicine container's followed?		<input type="radio"/> YES <input type="radio"/> NO
.33 Does the staff member administering medicine to a camper or supervising a camper who is self-administering medicine know the side and toxic effects of the medicine?		<input type="radio"/> YES <input type="radio"/> NO
.33 Is the medicine kept in a locked storage compartment?		<input type="radio"/> YES <input type="radio"/> NO
.33 Has the staff member documented the following information in the health log or camper's personal health record:		
Amount of medicine administered?		<input type="radio"/> YES <input type="radio"/> NO
Date and time of administration?		<input type="radio"/> YES <input type="radio"/> NO
Name of the individual who is administering or that the camper self-administered?		<input type="radio"/> YES <input type="radio"/> NO
Final disposition of the medicine?		<input type="radio"/> YES <input type="radio"/> NO
.33 At the end of the camping session or when it was no longer needed, was the medicine either:		
Returned to the parent or guardian or destroyed?		<input type="radio"/> YES <input type="radio"/> NO
.33 Does the prescription medicine bear a pharmacy label showing the: Do Not ... <input type="text"/>		
Prescription number?		<input type="radio"/> YES <input type="radio"/> NO
Date filled?		<input type="radio"/> YES <input type="radio"/> NO
Prescribing physician's name?		<input type="radio"/> YES <input type="radio"/> NO
Medicine name?		<input type="radio"/> YES <input type="radio"/> NO
Directions for use?		<input type="radio"/> YES <input type="radio"/> NO
Patient's name?		<input type="radio"/> YES <input type="radio"/> NO
.33 Has the parent or guardian provided written authorization for the administration of the medicine that includes:		
The camper's name?		<input type="radio"/> YES <input type="radio"/> NO
The parent's or guardian's signature?		<input type="radio"/> YES <input type="radio"/> NO
The date signed?		<input type="radio"/> YES <input type="radio"/> NO
The medicine name?		<input type="radio"/> YES <input type="radio"/> NO
The reason for the medicine?		<input type="radio"/> YES <input type="radio"/> NO
Documentation that at least one dose of the medicine was given to the camper at home?		<input type="radio"/> YES <input type="radio"/> NO
<b>Review Health Personnel</b>		
<input type="checkbox"/> No Health Supervisor         Name of Health Supervisor <input type="text"/>		
<input type="text"/> Do Not Delete         Title of Health Supervisor <input type="text"/>		
License Number of Health Supervisor <input type="text"/>		
<input type="text"/> Do Not Delete         In what state does the Health Supervisor hold a license? <input type="text"/>		

.23 Is the health supervisor available for consultation at all times when campers are present at camp?		<input type="radio"/> YES <input type="radio"/> NO
.23 Is the health supervisor on site at all times where 50 percent or more of the campers have identified medical problems?		<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
List individuals with CPR and First Aid below.		
.23 When camp goes off-site, does the camp divide into more than two groups?		<input type="radio"/> YES <input type="radio"/> NO
.23 How many groups does the camp divide into? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
The camp does not have enough CPR and First Aid staff members.		
<input type="checkbox"/> No adults with CPR and First Aid		CPR Cert. <input type="radio"/> YES <input type="radio"/> NO First Aid Cert. <input type="radio"/> YES <input type="radio"/> NO
First Name: <input type="text"/> Last Name: <input type="text"/>		
Review Health Log		
.24 Does camp have a health log or camper's personal health record?		<input type="radio"/> YES <input type="radio"/> NO
.24 Are the following items recorded for all injuries, illnesses, and reportable diseases and conditions:		
Date?	<input type="radio"/> YES <input type="radio"/> NO	
Name of Camper?	<input type="radio"/> YES <input type="radio"/> NO	
Ailment?	<input type="radio"/> YES <input type="radio"/> NO	
Treatment prescribed?	<input type="radio"/> YES <input type="radio"/> NO	
Name of person administering care?	<input type="radio"/> YES <input type="radio"/> NO	
.24 Is the camp health log or camper's personal health record:		Do Not Delete
Written on lined paper?	<input type="radio"/> YES <input type="radio"/> NO	
Maintained in a confidential manner?	<input type="radio"/> YES <input type="radio"/> NO	
Stored in a locked compartment?	<input type="radio"/> YES <input type="radio"/> NO	
Available at all times for review by the Department?	<input type="radio"/> YES <input type="radio"/> NO	
Retained for a period of 5 years?	<input type="radio"/> YES <input type="radio"/> NO	
.24 Is each entry in the camp health log or camper's personal health record:		
Recorded in ink?	<input type="radio"/> YES <input type="radio"/> NO	
Recorded without skipped lines?	<input type="radio"/> YES <input type="radio"/> NO	
Providing a permanent record that is not easily modified?	<input type="radio"/> YES <input type="radio"/> NO	
Legibly signed by the individual administering care at the camp?	<input type="radio"/> YES <input type="radio"/> NO	
.24 Is the camp health log a bound volume, such as a composition notebook?		<input type="radio"/> YES <input type="radio"/> NO
.24 Are the pages of the health log sequentially numbered?		<input type="radio"/> YES <input type="radio"/> NO
Review Injury/Illness Report and Procedure		
Has camp had any injuries or illnesses occur which required reporting?		<input type="radio"/> YES <input type="radio"/> NO
.25 Is camp reporting injuries and illness to the appropriate individuals within the required time periods?		<input type="radio"/> YES <input type="radio"/> NO
.26 Is camp using the approved DHMH Injury/Illness Report form to report injuries, illnesses and medication errors?		<input type="radio"/> YES <input type="radio"/> NO
Review Camper Health Record Form		
Does the camp use the DHMH Camper Health Record?		<input type="radio"/> YES <input type="radio"/> NO
.27 Does the camper health record form collect the following information:		Do Not Delete
		Do Not Delete
The name of the camper's primary care physician or other provider of medical care?		<input type="radio"/> YES <input type="radio"/> NO
The date of the camper's most recent tetanus immunization?		<input type="radio"/> YES <input type="radio"/> NO
Pertinent information on any health problems including:		
Physical problems?		<input type="radio"/> YES <input type="radio"/> NO
Psychiatric problems?		<input type="radio"/> YES <input type="radio"/> NO
Behavioral problems?		<input type="radio"/> YES <input type="radio"/> NO
The following information for a parent or guardian:		

Name?		<input type="radio"/> YES	<input type="radio"/> NO							
Phone number?		<input type="radio"/> YES	<input type="radio"/> NO							
The following information for one additional emergency contact person:										
Name?		<input type="radio"/> YES	<input type="radio"/> NO							
Phone number?		<input type="radio"/> YES	<input type="radio"/> NO							
Documentation of:										
The prescribed age-appropriate immunizations?		<input type="radio"/> YES	<input type="radio"/> NO							
For a day camper, enrollment in a Maryland school?		<input type="radio"/> YES	<input type="radio"/> NO							
Exemption to the prescribed age-appropriate immunizations?		<input type="radio"/> YES	<input type="radio"/> NO							
Review Camper Health Records and Immunizations										
.27 How many campers have attended camp as of today?										
Review      camper health record(s).										
You have not reviewed enough camper health records.										
<input type="button" value="Do Not Delete"/>										
Camper First Name	Camper Last Name	DR	Tetanus Date	Health Issues	Parent Name	Parent Phone	EC Name	EC Phone	Imms.	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="text"/>	<input type="text"/>									
Review Staff Member and Volunteer Health Records and Immunizations										
Does the camp use the DHMH Staff Health Record Form?							<input type="radio"/> YES			<input type="radio"/> NO
.29 Does the staff member/volunteer health record form collect the following information:										
The name of the primary care physician or other provider of medical care?							<input type="radio"/> YES			<input type="radio"/> NO
Pertinent information on any health problems including:							<input type="button" value="Do Not Delete"/>		<input type="button" value="Do Not Delete"/>	
Physical problems?							<input type="radio"/> YES			<input type="radio"/> NO
Psychiatric problems?							<input type="radio"/> YES			<input type="radio"/> NO
Behavioral problems?							<input type="radio"/> YES			<input type="radio"/> NO
The following information on an emergency contact person:										
Name?							<input type="radio"/> YES			<input type="radio"/> NO
Phone number?							<input type="radio"/> YES			<input type="radio"/> NO
For a staff member or volunteer who is younger than 18 years old, documentation of:										
The prescribed age-appropriate immunizations?							<input type="radio"/> YES			<input type="radio"/> NO
Enrollment in a Maryland school?							<input type="radio"/> YES			<input type="radio"/> NO
Exemption to the prescribed age-appropriate immunizations?							<input type="radio"/> YES			<input type="radio"/> NO
.29 How many volunteers work at camp?										
Review      staff member health records. Review      volunteer health records.							<input type="button" value="Do Not De..."/>		<input type="button" value="Do Not D..."/>	
You have not reviewed enough staff member health records.							Enter Employees under background checks first.			
Staff First Name	Staff Last Name	DR	Health Issues	EC Name	EC Phone	Imms.				
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="text"/>	<input type="text"/>									
You have not reviewed enough volunteer health records.										
Volunteer First Name	Volunteer Last Name	DR	Health Issues	EC Name	EC Phone	Imms.				
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="text"/>	<input type="text"/>									
Assess Exclusion for Acute Illness and Communicable Disease										
.31 Are camp staff members:							<input type="button" value="Do Not Delete"/>			
Monitoring campers for signs and symptoms of acute illness such as vomiting, diarrhea, or a fever?							<input type="radio"/> YES			<input type="radio"/> NO
Promptly arranging for first aid or medical treatment										

upon observing a sign or symptom of acute illness?	<input type="radio"/> YES <input type="radio"/> NO
Restricting an affected camper from participating in camp activities so that the camper's illness is not communicated to another individual?	<input type="radio"/> YES <input type="radio"/> NO
Providing supervision for the affected camper so that the camper is within sight and hearing of the supervising staff member?	<input type="radio"/> YES <input type="radio"/> NO
Upon observing a sign or symptom of acute illness:	
Reporting an illness in accordance with Regulation .25?	<input type="radio"/> YES <input type="radio"/> NO
Notifying the camper's parent or guardian that the camper may not remain at camp?	<input type="radio"/> YES <input type="radio"/> NO
.31 If a camper is exhibiting a symptom of an acute illness, is the operator:	
Refusing to admit the camper to camp?	<input type="radio"/> YES <input type="radio"/> NO
Refusing to allow the camper to remain at camp?	<input type="radio"/> YES <input type="radio"/> NO
.31 Has the camp operator knowingly allowed an individual to participate, work, or volunteer at camp during the period of communicability of a disease or condition listed in COMAR 10.06.01 without:	
The individual being under the care of a licensed health practitioner?	<input type="radio"/> YES <input type="radio"/> NO
A written approval from a licensed health practitioner or local health officer for the individual's attendance?	<input type="radio"/> YES <input type="radio"/> NO
Review Health Treatment Area	
.32 Does camp have a designated health treatment area?	<input type="radio"/> YES <input type="radio"/> NO
.32 Does the health treatment area afford privacy, quiet, continual supervision and protection from the elements?	<input type="radio"/> YES <input type="radio"/> NO
.32 Is the health treatment area equipped with:	Do Not Delete
First aid supplies specified by the health supervisor?	<input type="radio"/> YES <input type="radio"/> NO
Provisions for sanitary hand washing?	<input type="radio"/> YES <input type="radio"/> NO
Hot and cold running water?	<input type="radio"/> YES <input type="radio"/> NO
A bathroom with a flush toilet?	<input type="radio"/> YES <input type="radio"/> NO
A hand sink?	<input type="radio"/> YES <input type="radio"/> NO
A shower?	<input type="radio"/> YES <input type="radio"/> NO
An isolation and convalescent area?	<input type="radio"/> YES <input type="radio"/> NO
Exterior lighting?	<input type="radio"/> YES <input type="radio"/> NO
.32 Do staff members and volunteers wash their hands before and after treatment?	<input type="radio"/> YES <input type="radio"/> NO
Review Emergency Procedures	
.34 Is a telephone or alternate means of communication provided?	<input type="radio"/> YES <input type="radio"/> NO
.34 Is an emergency drill conducted at the beginning of each new session?	<input type="radio"/> YES <input type="radio"/> NO
.34 Has camp documented when emergency drills were conducted?	<input type="radio"/> YES <input type="radio"/> NO
.34 Are at least one adult and one counselor or assistant counselor present at camp at all times?	<input type="radio"/> YES <input type="radio"/> NO
.34 During severe weather, is adequate shelter provided for campers, camp staff members and volunteers?	<input type="radio"/> YES <input type="radio"/> NO
.34 Does camp have a written emergency procedure plan?	<input type="radio"/> YES <input type="radio"/> NO
.34 Does the written emergency plan include procedures for the camp staff members to:	
Do Not Delete	
Ensure camper safety during natural disasters, severe weather, and other emergencies?	<input type="radio"/> YES <input type="radio"/> NO
Evacuate campers from the camp?	<input type="radio"/> YES <input type="radio"/> NO
Account for campers?	<input type="radio"/> YES <input type="radio"/> NO
Locate a missing camper?	<input type="radio"/> YES <input type="radio"/> NO
Use fire, rescue, police, and 911 services?	<input type="radio"/> YES <input type="radio"/> NO
Ensure emergency transportation?	<input type="radio"/> YES <input type="radio"/> NO
Notify the camper's parent or guardian?	<input type="radio"/> YES <input type="radio"/> NO
Ensure camper safety until the camper's parent, guardian, or designee picks up the camper?	<input type="radio"/> YES <input type="radio"/> NO
Review Water Supply	

.36 Is the camp's water supply: <span>Do Not D...</span>	
From a public water system, private well or is this a primitive camp?	<input type="radio"/> Public Water System <input type="radio"/> Private Well <input type="radio"/> Primitive Camp
Adequate?	<input type="radio"/> YES <input type="radio"/> NO
Easily accessible to the campers?	<input type="radio"/> YES <input type="radio"/> NO
.36 Is camp operated at a facility owned by State or local government?	<input type="radio"/> YES <input type="radio"/> NO
.36 Is camp operated at a public or private school?	<input type="radio"/> YES <input type="radio"/> NO
<b>Building Safety Form</b>	
.36 Has camp obtained the "Building Safety Form" from the facility manager or principal?	<input type="radio"/> YES <input type="radio"/> NO
<b>Use and Occupancy or Plumbing Inspection</b>	
.36 Does camp have a copy of the "Use and Occupancy Permit" for the facility?	<input type="radio"/> YES <input type="radio"/> NO
.36 Does camp have a letter from a master plumber stating that the facility was inspected and meets the codes that were applicable at the time of construction?	<input type="radio"/> YES <input type="radio"/> NO
<b>Private Water Supply</b>	
.36 Has the local health approval form been signed by the local health department?	<input type="radio"/> YES <input type="radio"/> NO
.36 Is pumping and disinfection equipment housed in a structure that is inaccessible to unauthorized persons?	<input type="radio"/> YES <input type="radio"/> NO
.36 Are hose bibs equipped with non-removable back flow prevention devices?	<input type="radio"/> YES <input type="radio"/> NO
<b>Public Water Supply</b>	
.36 From which public water system does camp obtain water?	<input type="text"/>
<b>Primitive Camp Water Supply</b>	
.36 Is the water filtered and disinfected?	<input type="radio"/> YES <input type="radio"/> NO
.36 Is the water free from impurities in amounts sufficient to cause disease or harmful physiological effects?	<input type="radio"/> YES <input type="radio"/> NO
<b>Review Sewage Disposal</b>	
.37 Is the sewage disposal system: <span>Do Not Delete</span>	
Public, Private or Primitive?	<input type="radio"/> Public <input type="radio"/> Private <input type="radio"/> Primitive
.37 Is the disposal of wastewater from under taps and fountains by a method that:	
Prevents stagnant water on the ground surface?	<input type="radio"/> YES <input type="radio"/> NO
Does not contaminate the ground water?	<input type="radio"/> YES <input type="radio"/> NO
.37 Does camp use privies or portable toilets as part of the sewage disposal system?	<input type="radio"/> YES <input type="radio"/> NO
.37 Is camp operated at a facility owned by State or local government?	<input type="radio"/> YES <input type="radio"/> NO
.37 Is camp operated at a public or private school?	<input type="radio"/> YES <input type="radio"/> NO
<b>Building Safety Form</b>	
.37 Has camp obtained the "Building Safety Form" from the facility manager or principal?	<input type="radio"/> YES <input type="radio"/> NO
<b>Use and Occupancy or Plumbing Inspection</b>	
.37 Does camp have a copy of the "Use and Occupancy Permit" for the facility?	<input type="radio"/> YES <input type="radio"/> NO
.37 Does camp have a letter from a master plumber stating that the facility was inspected and meets the codes that were applicable at the time of construction?	<input type="radio"/> YES <input type="radio"/> NO
<b>Private Sewage Disposal System</b>	
.37 Has the local health approval form been signed by the local health department?	<input type="radio"/> YES <input type="radio"/> NO
.37 Is the privy or portable toilet constructed and maintained so that it:	
Is fly-proof?	<input type="radio"/> YES <input type="radio"/> NO
Is rodent-proof?	<input type="radio"/> YES <input type="radio"/> NO
.37 Has the privy or portable toilet been approved by the local health department?	<input type="radio"/> YES <input type="radio"/> NO

.37 Is the privy or portable toilet maintained in good working order?	<input type="radio"/> YES <input type="radio"/> NO
.37 Is the privy or portable toilet located closer than 100 feet to a housing unit or a facility where food is prepared or served?	<input type="radio"/> YES <input type="radio"/> NO
.37 Does the privy or portable toilet have natural ventilation or mechanical exhaust adequate to remove fumes and odors from the vault?	<input type="radio"/> YES <input type="radio"/> NO
.37 Is the privy or portable toilet treated to reduce odors and eliminate a fly infestation?	<input type="radio"/> YES <input type="radio"/> NO
.37 Is the privy or portable toilet emptied of solid and liquid contents when filled to capacity?	<input type="radio"/> YES <input type="radio"/> NO
<b>Public Sewage Disposal System</b>	
.37 From which public water system does camp obtain water?	<input type="text"/>
<b>Primitive Camp Sewage Disposal</b>	
.37 Does the sewage disposal procedure pollute the environment?	<input type="radio"/> YES <input type="radio"/> NO
.37 Does the sewage disposal procedure create a nuisance or public health hazard?	<input type="radio"/> YES <input type="radio"/> NO
.37 Does the sewage disposal procedure comply with applicable federal, State, and local statutes, regulations, and ordinances?	<input type="radio"/> YES <input type="radio"/> NO
<b>Review Toilet Facilities</b>	
.38 Are toilet facilities constructed, located, and maintained to prevent a: Do Not Delete <input type="text"/>	
Nuisance?	<input type="radio"/> YES <input type="radio"/> NO
Public health hazard?	<input type="radio"/> YES <input type="radio"/> NO
.38 Are separate toilet facilities provided for boys and girls?	<input type="radio"/> YES <input type="radio"/> NO
.38 Are toilet facilities for boys and girls located in the same building?	<input type="radio"/> YES <input type="radio"/> NO
.38 Are the boys and girls bathrooms separated by a solid wall from floor to roof or ceiling?	<input type="radio"/> YES <input type="radio"/> NO
.38 Are the boys and girls bathrooms equipped with self-closing doors that afford privacy?	<input type="radio"/> YES <input type="radio"/> NO
.38 Are the boys and girls bathrooms distinctly marked with universal symbols?	<input type="radio"/> YES <input type="radio"/> NO
.38 Are the boys and girls bathrooms distinctly marked in the native language of the campers expected to use the facility?	<input type="radio"/> YES <input type="radio"/> NO
.38 Is toilet tissue on a holder furnished adjacent to each toilet?	<input type="radio"/> YES <input type="radio"/> NO
.38 Does the toilet facility have adequate mechanical exhaust or natural ventilation?	<input type="radio"/> YES <input type="radio"/> NO
<b>Residential Camps</b>	
<b>Boy's Bathrooms</b>	
How many toilets are provided?	<input type="text"/>
How many urinals are provided?	<input type="text"/>
<b>Girl's Bathrooms</b>	
How many toilets are provided?	<input type="text"/>
Maximum number of campers allowed <input type="text"/>	Number of campers present today? <input type="text"/>
.38 Is the ratio of toilets to campers within the acceptable limit set in regulation?	<input type="radio"/> YES <input type="radio"/> NO
.38 Is the toilet facility located within 300 feet of each housing unit?	<input type="radio"/> YES <input type="radio"/> NO
<b>Day Camps</b>	
<b>Boy's Bathrooms</b>	
How many toilets are provided?	<input type="text"/>
How many urinals are provided?	<input type="text"/>
<b>Girl's Bathrooms</b>	
How many toilets are provided?	<input type="text"/>
Maximum number of campers allowed <input type="text"/>	
Number of campers present today? <input type="text"/>	
.38 Is the ratio of toilets to campers within the acceptable limit set in regulation?	<input type="radio"/> YES <input type="radio"/> NO
<b>Bathing and Hand Washing Facilities</b>	
.39 Are hand washing facilities located adjacent to each toilet or privy site?	<input type="radio"/> YES <input type="radio"/> NO



.39 Do campers provide their own soap and towel?		<input type="radio"/> YES <input type="radio"/> NO
.39 Is each hand washing unit equipped with:		
Do Not Delete		
Soap?	<input type="radio"/> YES <input type="radio"/> NO	
A hot air hand drier or disposable towels?	<input type="radio"/> YES <input type="radio"/> NO	
.39 Is a trash container provided in each lavatory area?		<input type="radio"/> YES <input type="radio"/> NO
.39 Is hot water supplied?		<input type="radio"/> YES <input type="radio"/> NO
.39 What is the temperature of the hot water in °F? <input type="text"/>		<input type="text"/>
.39 Is the water heater equipped with:		
A pressure and temperature relief valve?	<input type="radio"/> YES <input type="radio"/> NO	
Vacuum relief valve?	<input type="radio"/> YES <input type="radio"/> NO	
.39 Is anti-scald protection provided on all hot water lines going to showers or bathtubs?		<input type="radio"/> YES <input type="radio"/> NO
Day Camps		
.39 How many hand washing units are provided?		<input type="text"/>
Residential Camps		
.39 How many hand washing units are provided?		<input type="text"/>
.39 Are hand washing facilities located within 300 feet of each housing unit?		<input type="radio"/> YES <input type="radio"/> NO
.39 Are shower heads spaced at least 30 inches apart to provide a minimum of 6 square feet of floor area per unit?		<input type="radio"/> YES <input type="radio"/> NO
.39 Are shower walls and ceilings constructed of solid, nonabsorbent, easily cleanable materials?		<input type="radio"/> YES <input type="radio"/> NO
.39 Is the shower floor:		
Constructed of nonabsorbent, skid resistant, easily cleanable materials?	<input type="radio"/> YES <input type="radio"/> NO	
Sloped to properly constructed floor drains, with provisions to prevent pooling water or overflow to adjacent floor areas?	<input type="radio"/> YES <input type="radio"/> NO	
.39 Is a shower partition or shower curtain provided for each shower to prevent splash from stall-type showers?		<input type="radio"/> YES <input type="radio"/> NO
.39 Is a soap storage area or non-glass soap dish provided adjacent to each showerhead?		<input type="radio"/> YES <input type="radio"/> NO
.39 Is a dry dressing space with clothes hanging facilities provided at the shower facility?		<input type="radio"/> YES <input type="radio"/> NO
.39 Are boy's and girl's showers located in the same building?		<input type="radio"/> YES <input type="radio"/> NO
.39 Is a nonabsorbent wall, extending from the floor to the ceiling or roof provided, separating shower facilities for boy's and girl's?		<input type="radio"/> YES <input type="radio"/> NO
.39 Are facilities plainly designated boy's and girl's in universal symbols or the native language of the campers expected to use the facility?		<input type="radio"/> YES <input type="radio"/> NO
.39 Is a door or sight barrier, to afford privacy, provided on the shower room?		<input type="radio"/> YES <input type="radio"/> NO
.39 Is hot and cold or tempered water supplied to each shower?		<input type="radio"/> YES <input type="radio"/> NO
Primitive Camps		
.39 Are bathing and hand washing facilities at the primitive camp:		
Sanitary and promote personal hygiene?	<input type="radio"/> YES <input type="radio"/> NO	
Set-up so not to create a nuisance or public health hazard?	<input type="radio"/> YES <input type="radio"/> NO	
Set-up not to pollute the environment?	<input type="radio"/> YES <input type="radio"/> NO	
Compliant with applicable federal, State, and local statutes, regulations, and ordinances?	<input type="radio"/> YES <input type="radio"/> NO	
Review Sleeping Facilities for Residential Camps		
.40 Is a bed, cot, or bunk provided for each individual? Do Not Delete		<input type="radio"/> YES <input type="radio"/> NO
.40 Does each bed, cot, or bunk have a sturdy frame?		<input type="radio"/> YES <input type="radio"/> NO
.40 Is there at least 12 inches of clear space between the floor and the bottom of the bed, cot or bunk?		<input type="radio"/> YES <input type="radio"/> NO
.40 Is bedding provided?		<input type="radio"/> YES <input type="radio"/> NO
.40 Is the bedding provided clean and sanitary?		<input type="radio"/> YES <input type="radio"/> NO

.40 Is the mattress:		
Clean?	<input type="radio"/> YES	<input type="radio"/> NO
Disinfected annually?	<input type="radio"/> YES	<input type="radio"/> NO
Vermin-free?	<input type="radio"/> YES	<input type="radio"/> NO
Hole-free?	<input type="radio"/> YES	<input type="radio"/> NO
Completely covered with clean sheet or mattress cover?	<input type="radio"/> YES	<input type="radio"/> NO
.40 Is a mattress provided for each individual?		
<input type="radio"/> YES <input type="radio"/> NO		
.40 Is at least 30 square feet of floor space per occupant in sleeping areas provided, including space for aisles between beds?		
<input type="radio"/> YES <input type="radio"/> NO		
.40 Are double-deck bunk beds used?		
<input type="radio"/> YES <input type="radio"/> NO		
.40 Is there a minimum of 27 inches between the top of the lower mattress and bottom of the top bunk?		
<input type="radio"/> YES <input type="radio"/> NO		
.40 Is there a minimum of 36 inches between the top of the upper mattress and the ceiling?		
<input type="radio"/> YES <input type="radio"/> NO		
.40 Does each individual at a primitive camp have a sleeping bag?		
<input type="radio"/> YES <input type="radio"/> NO		

### Review Tent and Fabric Shelters

.41 Are tents or fabric shelters used at camp? <input type="text" value="Do Not Delete"/>		<input type="radio"/> YES <input type="radio"/> NO
.41 Is the occupancy of the tent or fabric shelter below the manufacturer's recommended capacity?		<input type="radio"/> YES <input type="radio"/> NO
.41 Is the tent or fabric shelter:		
Made of fire retardant material?		<input type="radio"/> YES <input type="radio"/> NO
Equipped with a permanent label which states conspicuously, "WARNING: NO OPEN FLAMES IN OR NEAR THIS TENT OR FABRIC SHELTER"?		<input type="radio"/> YES <input type="radio"/> NO
Located at least 10 feet away from a campfire or open flame?		<input type="radio"/> YES <input type="radio"/> NO

### Review Food Service

.42 Does the camp prepare food on-site? <input type="text" value="Do Not Delete"/>		<input type="radio"/> YES <input type="radio"/> NO
.42 Does camp use outside catering, summer lunch program or have food brought in from restaurants for meals?		<input type="radio"/> YES <input type="radio"/> NO
.42 Does camp have Food Service Permits for all on-site kitchens, caters, summer lunch program or restaurants used to prepare meals for camp?		<input type="radio"/> YES <input type="radio"/> NO
.42 Are lunches brought from home?		<input type="radio"/> YES <input type="radio"/> NO
.42 Are lunches brought from home or provided by the camp, containing potentially hazardous food, kept refrigerated at a temperature of 42°F or below?		<input type="radio"/> YES <input type="radio"/> NO

### Primitive Camps

.42 Is the food served:		
Wholesome and safe for human consumption?	<input type="radio"/> YES	<input type="radio"/> NO
Free from spoilage, filth, or other contamination?	<input type="radio"/> YES	<input type="radio"/> NO
Obtained from sources that comply with all laws relating to food and food labeling?	<input type="radio"/> YES	<input type="radio"/> NO
.42 Are transportation, storage, preparation, cooking, and service procedures implemented to:		
Protect food and equipment from contamination?	<input type="radio"/> YES	<input type="radio"/> NO
Maintain safe temperatures, as defined in COMAR 10.15.03?	<input type="radio"/> YES	<input type="radio"/> NO
.42 Is equipment provided to transport, store, prepare, cook, and serve food safely?		
<input type="radio"/> YES <input type="radio"/> NO		
.42 Is the food-contact surface of equipment used to prepare, store, or serve a potentially hazardous food cleaned and sanitized:		
After each use?	<input type="radio"/> YES	<input type="radio"/> NO
If the surface is contaminated?	<input type="radio"/> YES	<input type="radio"/> NO
.42 Are hand washing materials provided?		
<input type="radio"/> YES <input type="radio"/> NO		
.42 Do food handlers maintain personal cleanliness during work, including:		
Washing hands: Before starting work?	<input type="radio"/> YES	<input type="radio"/> NO
Washing hands: After using toilet facilities?	<input type="radio"/> YES	<input type="radio"/> NO

Washing hands: Before touching food?	<input type="radio"/> YES <input type="radio"/> NO
Washing hands: As often as required to remove soil and contamination?	<input type="radio"/> YES <input type="radio"/> NO
Keeping fingernails clean and neatly trimmed?	<input type="radio"/> YES <input type="radio"/> NO
Keeping outer garments clean?	<input type="radio"/> YES <input type="radio"/> NO
<b>.42 Do food handlers use safe food handling practices during work, including:</b>	
Keeping hands clean when handling food and food-contact surfaces?	<input type="radio"/> YES <input type="radio"/> NO
Wearing a hair net, cap, or other effective hair restraint?	<input type="radio"/> YES <input type="radio"/> NO
Not smoking or using tobacco in any form?	<input type="radio"/> YES <input type="radio"/> NO
Not working when infected with a disease that is communicable by way of food?	<input type="radio"/> YES <input type="radio"/> NO
<b>.42 Is food storage provided that:</b>	
Has effective insulation?	<input type="radio"/> YES <input type="radio"/> NO
Maintains food at safe temperatures during storage, preparation, and transportation?	<input type="radio"/> YES <input type="radio"/> NO
Has a thermometer graduated at 2°F intervals?	<input type="radio"/> YES <input type="radio"/> NO
Maintains cold foods at or below 42°F?	<input type="radio"/> YES <input type="radio"/> NO
Maintains hot foods at or above 135°F?	<input type="radio"/> YES <input type="radio"/> NO
Maintains frozen foods at or below 0°F?	<input type="radio"/> YES <input type="radio"/> NO
.42 If cold food exceeds 50°F before serving, is the food discarded as garbage?	<input type="radio"/> YES <input type="radio"/> NO
<b>.42 Is hot food:</b>	
Thoroughly cooked to achieve a safe internal temperature as determined by the use of a metal stem thermometer?	<input type="radio"/> YES <input type="radio"/> NO
Consumed immediately after preparation?	<input type="radio"/> YES <input type="radio"/> NO
Discarded as garbage if not consumed immediately after preparation?	<input type="radio"/> YES <input type="radio"/> NO

### Review Garbage and Other Refuse Procedures

.43 Are durable containers in good condition provided for the storage of garbage and other refuse?	<input type="radio"/> YES <input type="radio"/> NO
<b>.43 Is garbage and trash:</b> Do Not Delete	
Collected as often as necessary to prevent the containers from overflowing?	<input type="radio"/> YES <input type="radio"/> NO
Disposed of by a system in accordance with State and local laws, regulations, and ordinances?	<input type="radio"/> YES <input type="radio"/> NO
<b>.43 Are containers used outside:</b>	
Equipped with tight-fitting lids?	<input type="radio"/> YES <input type="radio"/> NO
Leak-proof, fly-proof, and rodent-proof?	<input type="radio"/> YES <input type="radio"/> NO

### Review Insect, Rodent, and Vermin Control

<b>.44 Are facilities at camp maintained to:</b> Do Not Delete	
Minimize the entry of insects, rodents, and other vermin into the structures or campsite?	<input type="radio"/> YES <input type="radio"/> NO
Eliminate the harborage of insects, rodents, and other vermin?	<input type="radio"/> YES <input type="radio"/> NO

### Review Rabies Controls

.45 Are there any cats, dogs or ferrets at camp?	Do Not Del...	<input type="radio"/> YES <input type="radio"/> NO
List all animals at camp below:		
Animal Name	Type of Animal	Current Rabies Vaccination
<input type="text"/>	<input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO

### Review Fire and Other Hazards

.46 Is camp operated at a facility owned by State or local government?	Do Not Delete	<input type="radio"/> YES <input type="radio"/> NO
.46 Is camp operated at a public or private school?		<input type="radio"/> YES <input type="radio"/> NO
<b>Building Safety Form</b>		
.46 Has camp obtained the "Building Safety Form" from the facility manager or principal?		<input type="radio"/> YES <input type="radio"/> NO

### Use and Occupancy or Plumbing Inspection

.46 Does camp have a copy of the "Use and Occupancy Permit" for the facility?		<input type="radio"/> YES <input type="radio"/> NO
.46 Does camp have a letter from a master electrician stating that the facility was inspected and meets the codes that were applicable at the time of construction?		<input type="radio"/> YES <input type="radio"/> NO
Fire Marshal Inspection		
.46 Has camp been inspected and approved by State or county fire authority?		<input type="radio"/> YES <input type="radio"/> NO
Pesticide, Toxic Chemicals and Hazardous Materials		
.46 Are pesticides, toxic chemicals, and hazardous materials:		
Present at camp?		<input type="radio"/> YES <input type="radio"/> NO
Properly labeled?		<input type="radio"/> YES <input type="radio"/> NO
Stored in a safe manner?		<input type="radio"/> YES <input type="radio"/> NO
Not accessible to a camper?		<input type="radio"/> YES <input type="radio"/> NO
Used only by a camp staff member?		<input type="radio"/> YES <input type="radio"/> NO
.46 Are staff members trained to use a hazardous material safely before they handle hazardous materials at camp?		<input type="radio"/> YES <input type="radio"/> NO
.46 Are material safety data sheets (MSDS) for potentially hazardous chemicals available to the camp staff members?		<input type="radio"/> YES <input type="radio"/> NO
.46 Are chemicals handled, used, stored, and disposed of according to the material safety data sheet and all applicable federal, State, and local codes?		<input type="radio"/> YES <input type="radio"/> NO
.46 Is camp maintained to eliminate or minimize safety hazards such as:		
Entrapment?		<input type="radio"/> YES <input type="radio"/> NO
Entanglement?		<input type="radio"/> YES <input type="radio"/> NO
Impact with moving equipment or a moving vehicle?		<input type="radio"/> YES <input type="radio"/> NO
Impact from equipment tip over or failure?		<input type="radio"/> YES <input type="radio"/> NO
Contact with hazards such as protrusions, pinch points, sharp edges, or hot surfaces?		<input type="radio"/> YES <input type="radio"/> NO
A water fall?		<input type="radio"/> YES <input type="radio"/> NO
Poisonous snakes, insects, or plants?		<input type="radio"/> YES <input type="radio"/> NO
A natural or man-made hazard specific to the site?		<input type="radio"/> YES <input type="radio"/> NO
Any other condition or situation that poses a risk of injury to a camper or staff member?		<input type="radio"/> YES <input type="radio"/> NO
.46 Are warning signs or a barrier around a hazard, that cannot be eliminated due to a natural condition at the camp, provided?		<input type="radio"/> YES <input type="radio"/> NO
Review Staff Training		
Does camp have documentation that staff members and volunteers received training on the: Do Not Delete		
.22 Health Program?		<input type="radio"/> YES <input type="radio"/> NO
.33 Medication Procedures?		<input type="radio"/> YES <input type="radio"/> NO
.34 Emergency Plan?		<input type="radio"/> YES <input type="radio"/> NO
.35 Child Abuse Reporting?		<input type="radio"/> YES <input type="radio"/> NO
Review Staff Knowledge		
Can camp staff members and volunteers demonstrate knowledge in the:		
.22 Health Program?		<input type="radio"/> YES <input type="radio"/> NO
.33 Medication Procedures?		<input type="radio"/> YES <input type="radio"/> NO
.34 Emergency Plan?		<input type="radio"/> YES <input type="radio"/> NO
.35 Child Abuse Reporting?		<input type="radio"/> YES <input type="radio"/> NO
Review Staff Conduct		
.22 Are staff members and volunteers conducting health procedures according to the health program?		<input type="radio"/> YES <input type="radio"/> NO
.33 Are staff members and volunteers handling medications according to the camp's written medication procedures?		<input type="radio"/> YES <input type="radio"/> NO
.34 Are staff members and volunteers conducting emergency procedures according to the emergency plan?		<input type="radio"/> YES <input type="radio"/> NO
CAMP TRIP SAFETY		

.52 Are the campers going on any trips (i.e. Do they leave the camp facility?)?	<input type="radio"/> YES <input type="radio"/> NO
.52 Does camp have a written trip safety plan?	<input type="radio"/> YES <input type="radio"/> NO
.52 Does the safety plan define and address the potential health and safety risks for each type of trip?	<input type="radio"/> YES <input type="radio"/> NO
.52 Does the safety plan identify camp staff members' qualifications and responsibilities for each type of trip?	<input type="radio"/> YES <input type="radio"/> NO
.52 Does the plan include operating procedures for: <input type="text"/>	
Informing a parent or guardian, camper, staff member, and volunteer of the trip before a camper participates in a trip?	<input type="radio"/> YES <input type="radio"/> NO
Obtaining written authorization from a child's parent or guardian before the child participates in a trip?	<input type="radio"/> YES <input type="radio"/> NO
Participation eligibility requirements?	<input type="radio"/> YES <input type="radio"/> NO
Supervision requirements including camper to staff member ratios?	<input type="radio"/> YES <input type="radio"/> NO
Safety rules, standards, and practices?	<input type="radio"/> YES <input type="radio"/> NO
Equipment use, maintenance, and storage?	<input type="radio"/> YES <input type="radio"/> NO
Maintaining campers, staff members, and volunteers' health and emergency information including when and where the information is maintained?	<input type="radio"/> YES <input type="radio"/> NO
Emergency communication?	<input type="radio"/> YES <input type="radio"/> NO
Designating a contact person?	<input type="radio"/> YES <input type="radio"/> NO
Attendance?	<input type="radio"/> YES <input type="radio"/> NO
.52 Has the camp operator ensured that:	
Documentation is kept on file that each staff member or volunteer received the training required below?	<input type="radio"/> YES <input type="radio"/> NO
A camper is instructed in safety procedures and the use of protective equipment?	<input type="radio"/> YES <input type="radio"/> NO
A camper, staff member, or volunteer is provided with and uses safety equipment suitable to the trip?	<input type="radio"/> YES <input type="radio"/> NO
Trips are conducted according to the safety plan?	<input type="radio"/> YES <input type="radio"/> NO
Before working on the camp's trips, each staff member or volunteer:	
Is trained in the camp's safety plan?	<input type="radio"/> YES <input type="radio"/> NO
Demonstrates knowledge of the camp's safety plan?	<input type="radio"/> YES <input type="radio"/> NO
Is provided with the opportunity to discuss the procedures and have any questions answered by a supervisor?	<input type="radio"/> YES <input type="radio"/> NO
.52 Has the camp operator ensured that on a camp trip:	
A director or director's designee is present?	<input type="radio"/> YES <input type="radio"/> NO
One adult staff member or adult volunteer is on duty and supervising the campers for each group of 10 campers or fraction of 10 campers?	<input type="radio"/> YES <input type="radio"/> NO
.52 Has the camp operator ensured that the camp's contact person maintains trip information including:	
A roster of participants?	<input type="radio"/> YES <input type="radio"/> NO
Departure and return times?	<input type="radio"/> YES <input type="radio"/> NO
Attendance during the departure?	<input type="radio"/> YES <input type="radio"/> NO
Attendance during the activity?	<input type="radio"/> YES <input type="radio"/> NO
Attendance during the return?	<input type="radio"/> YES <input type="radio"/> NO
An itinerary?	<input type="radio"/> YES <input type="radio"/> NO
The route taken?	<input type="radio"/> YES <input type="radio"/> NO
Inclement weather plans?	<input type="radio"/> YES <input type="radio"/> NO

## TRANSPORTATION

.53 Are campers, staff members, or volunteers transported by camp?	<input type="radio"/> YES <input type="radio"/> NO
.53 Has the operator of the camp ensured that: <input type="text"/>	
Transportation is provided according to applicable State law?	<input type="radio"/> YES <input type="radio"/> NO
The number of occupants in a vehicle does not exceed the vehicle manufacturer's seating capacity?	<input type="radio"/> YES <input type="radio"/> NO
Before a camper is transported, written authorization from a camper's parent or guardian is obtained?	<input type="radio"/> YES <input type="radio"/> NO

Vehicular traffic is controlled on the campsite?	<input type="radio"/> YES <input type="radio"/> NO
A transportation safety plan is developed and implemented that includes:	
Transportation safety rules, standards, and practices?	<input type="radio"/> YES <input type="radio"/> NO
Supervision requirements including camper to staff ratios?	<input type="radio"/> YES <input type="radio"/> NO
Emergency transportation services?	<input type="radio"/> YES <input type="radio"/> NO
Severe weather procedures?	<input type="radio"/> YES <input type="radio"/> NO
Before, the camp uses transportation, each staff member or volunteer involved in the transportation and each transportation service provider or driver:	
Is trained in the camp's transportation safety plan?	<input type="radio"/> YES <input type="radio"/> NO
Demonstrates knowledge of the camp's transportation safety plan?	<input type="radio"/> YES <input type="radio"/> NO
Is provided with the opportunity to discuss the procedures and have questions answered by a supervisor?	<input type="radio"/> YES <input type="radio"/> NO
Documentation is kept on file that each staff member or volunteer received the training required above?	<input type="radio"/> YES <input type="radio"/> NO
A camper, staff member, or volunteer is provided with and uses transportation safety equipment?	<input type="radio"/> YES <input type="radio"/> NO
The driver of a vehicle is:	
An adult?	<input type="radio"/> YES <input type="radio"/> NO
Licensed according to applicable State law?	<input type="radio"/> YES <input type="radio"/> NO
TRANSPORTING TO AND FROM CAMP	
.53 Does the camp operator provide or arrange camper transportation to camp, from camp, or to and from camp?	<input type="radio"/> YES <input type="radio"/> NO
.53 Has the camp operator:	
Ensured that a director is available for consultation?	<input type="radio"/> YES <input type="radio"/> NO
Obtained a written agreement from the camper's parent or guardian concerning the parent's or guardian's responsibility for supervising a camper before the camper is picked up and after the camper is dropped off?	<input type="radio"/> YES <input type="radio"/> NO
Ensured that, in addition to the driver, one assistant counselor or adult is on duty and supervising the campers when there are 10 or more campers in a vehicle?	<input type="radio"/> YES <input type="radio"/> NO
Ensured that campers are not transported in non-passenger vehicles?	<input type="radio"/> YES <input type="radio"/> NO
Ensured that campers are not transported in an individual's car without obtaining written authorization from the:	
Camper's parent or guardian?	<input type="radio"/> YES <input type="radio"/> NO
Owner of the vehicle?	<input type="radio"/> YES <input type="radio"/> NO
Provided written information to the camper's parent or guardian that included the:	
Camper's pick-up time and designated pick-up location?	<input type="radio"/> YES <input type="radio"/> NO
Camper's drop-off time and designated drop-off location?	<input type="radio"/> YES <input type="radio"/> NO
Camp's pick-up and drop-off safety procedures?	<input type="radio"/> YES <input type="radio"/> NO
Camp's policy concerning the camp's responsibility for supervising a camper when the camper is picked up, dropped off, and transported?	<input type="radio"/> YES <input type="radio"/> NO

## SUPERVISION OF CAMPERS DURING ROUTINE ACTIVITIES

.54 Is a camp director or director's designee available for consultation at all times when campers are present at camp?	<input type="radio"/> YES <input type="radio"/> NO
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Enter information about each group of campers below.

AGES (YEARS)	GROUP SIZE	# OF ADULTS	# OF ASSISTANT COUNSELORS
3.5 TO 5	1 - 8	1	0
	9 - 16	1	1
		2	0
	17 - 24	1	2
6 TO 10	1 - 15	1	0
		1	2
	16 - 30	2	0
	1 - 15	1	0

11 + .	16 - 30	1	2
		2	0
	31 - 40	2	2
		3	0

  

Group Description	Age of Youngest Child	# of Children in Group	# of Adults with the Group	# of Assistant Counselors with the Group	Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Select or <input type="button" value="v"/>
Insert List of Specialized Activities from Database here.					

  

SPECIALIZED ACTIVITIES					
Aquatic Programs		Range Activities		Other Activities	
<input type="checkbox"/> SWIMMING - POOL	<input type="checkbox"/> SWIMMING - NATURAL SWIM AREA	<input type="checkbox"/> AIR GUNS	<input type="checkbox"/> ARCHERY	<input type="checkbox"/> HORSEBACK RIDING	
<input type="checkbox"/> WATERCRAFT ACTIVITY		<input type="checkbox"/> RIFLERY		<input type="checkbox"/> OTHER ACTIVITY	

  

SWIMMING - POOL	
LOCATION: <input type="text"/>	OFF-SITE LOCATION: <input type="text"/>
.47 Is camp conducting this activity this year? <input type="text"/> Do Not Delete	
<input type="radio"/> YES <input type="radio"/> NO	

  

.47 Is the director or director's designee present at camp?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is the director or director's designee present at the activity site?	<input type="radio"/> YES <input type="radio"/> NO
Review Swim Safety Plan - Swimming Pool	
.52 Does camp have a written swim safety plan?	<input type="radio"/> YES <input type="radio"/> NO
.52 Does the safety plan define and address the potential health and safety risks for swimming?	<input type="radio"/> YES <input type="radio"/> NO
.52 Does the safety plan identify camp staff members' qualifications and responsibilities for swimming?	<input type="radio"/> YES <input type="radio"/> NO
.52 Does the plan include operating procedures for:	
Informing a parent or guardian, camper, staff member, and volunteer of swimming before a camper participates in swimming?	<input type="radio"/> YES <input type="radio"/> NO
Obtaining written authorization from a child's parent or guardian before the child participates in swimming?	<input type="radio"/> YES <input type="radio"/> NO
Participation eligibility requirements?	<input type="radio"/> YES <input type="radio"/> NO
Supervision requirements including camper to staff member ratios?	<input type="radio"/> YES <input type="radio"/> NO
Safety rules, standards, and practices?	<input type="radio"/> YES <input type="radio"/> NO
Equipment use, maintenance, and storage?	<input type="radio"/> YES <input type="radio"/> NO
Maintaining campers, staff members, and volunteers' health and emergency information including when and where the information is maintained?	<input type="radio"/> YES <input type="radio"/> NO
Emergency communication?	<input type="radio"/> YES <input type="radio"/> NO
Designating a contact person?	<input type="radio"/> YES <input type="radio"/> NO
Attendance?	<input type="radio"/> YES <input type="radio"/> NO
Observe Swimming at the Pool	
.47 Is swimming at the pool being observed today? <input type="radio"/> YES <input type="radio"/> NO	
.52 Has the camp operator ensured that:	
Documentation is kept on file that each staff member or volunteer received the training required below?	<input type="radio"/> YES <input type="radio"/> NO
A camper is instructed in safety procedures and the use of protective equipment?	<input type="radio"/> YES <input type="radio"/> NO
A camper, staff member, or volunteer is provided with and uses safety equipment suitable to the specialized activity?	<input type="radio"/> YES <input type="radio"/> NO
Swimming is conducted according to the safety plan?	<input type="radio"/> YES <input type="radio"/> NO

Before working at the camp's swimming activity, each staff member or volunteer:	
Is trained in the camp's safety plan?	<input type="radio"/> YES <input type="radio"/> NO
Demonstrates knowledge of the camp's safety plan?	<input type="radio"/> YES <input type="radio"/> NO
Is provided with the opportunity to discuss the procedures and have any questions answered by a supervisor?	<input type="radio"/> YES <input type="radio"/> NO
.47 Before participating in swimming is a camper:	
Evaluated and classified as to swimming ability?	<input type="radio"/> YES <input type="radio"/> NO
Evaluated and classified as to other appropriate aquatic skills?	<input type="radio"/> YES <input type="radio"/> NO
Assigned to areas, equipment, facilities, and activities appropriate with the camper's abilities?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is the water activity equipment and facility maintained in good working condition?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is there a safety system in effect to quickly account for all campers during swimming?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is a list of emergency procedures and emergency telephone numbers (fire, police, etc.) posted in a conspicuous place?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is first aid and rescue equipment provided?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is swimming instruction given?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is an instructor present and supervising the activity?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is there 1 lifeguard for each group of 50 people or fraction of 50 people in the water?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is there 1 16 year old or older staff member, who is not the instructor or lifeguard, on duty pool side observing the campers for each group of 25 campers or fraction of 25 campers in the water?	<input type="radio"/> YES <input type="radio"/> NO
.47 Are there 2 individuals certified in first aid and CPR on duty at the activity?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is there any condition which exists that compromises the ability of the instructor, lifeguard, counselor, or assistant counselor to perform the staff member's job duty?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is an additional instructor, lifeguard, counselor, or assistant counselor on duty?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is there 1 adult staff member, adult volunteer, counselor, or assistant counselor on duty and supervising the campers for each group of 10 campers or fraction of 10 campers participating in the swimming activity?	<input type="radio"/> YES <input type="radio"/> NO
.47 Does the pool comply with COMAR 10.17.01 and have a valid operating certificate issued by the local health department?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is the pool and pool equipment maintained in good condition?	<input type="radio"/> YES <input type="radio"/> NO

<b>SWIMMING - NATURAL SWIM AREA</b>	
LOCATION: <input type="text" value="Select or type..."/>	OFF SITE LOCATION: <input type="text"/>
.47 Is camp conducting this activity this year? <input type="text" value="Do Not Delete"/>	<input type="radio"/> YES <input type="radio"/> NO

.47 Is the director or director's designee present at camp?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is the director or director's designee present at the activity site?	<input type="radio"/> YES <input type="radio"/> NO
<b>Review Swim Safety Plan - Natural Swimming Area</b>	
.52 Does camp have a written swim safety plan?	<input type="radio"/> YES <input type="radio"/> NO
.52 Does the safety plan define and address the potential health and safety risks for swimming?	<input type="radio"/> YES <input type="radio"/> NO
.52 Does the safety plan identify camp staff members' qualifications and responsibilities for swimming?	<input type="radio"/> YES <input type="radio"/> NO
.52 Does the plan include operating procedures for:	
Informing a parent or guardian, camper, staff member, and volunteer of swimming before a camper participates in swimming?	<input type="radio"/> YES <input type="radio"/> NO
Obtaining written authorization from a child's parent or guardian before the child participates in swimming?	<input type="radio"/> YES <input type="radio"/> NO
Participation eligibility requirements?	<input type="radio"/> YES <input type="radio"/> NO
Supervision requirements including camper to staff member ratios?	<input type="radio"/> YES <input type="radio"/> NO
Safety rules, standards, and practices?	<input type="radio"/> YES <input type="radio"/> NO
Equipment use, maintenance, and storage?	<input type="radio"/> YES <input type="radio"/> NO



Maintaining campers, staff members, and volunteers' health and emergency information including when and where the information is maintained?	<input type="radio"/> YES <input type="radio"/> NO
Emergency communication?	<input type="radio"/> YES <input type="radio"/> NO
Designating a contact person?	<input type="radio"/> YES <input type="radio"/> NO
Attendance?	<input type="radio"/> YES <input type="radio"/> NO
<b>Observe Swimming at the Natural Bathing Area</b>	
.47 Is swimming at the natural bathing area being observed today?	<input type="radio"/> YES <input type="radio"/> NO
<b>.52 Has the camp operator ensured that:</b>	
Documentation is kept on file that each staff member or volunteer received the training required below?	<input type="radio"/> YES <input type="radio"/> NO
A camper is instructed in safety procedures and the use of protective equipment?	<input type="radio"/> YES <input type="radio"/> NO
A camper, staff member, or volunteer is provided with and uses safety equipment suitable to the specialized activity?	<input type="radio"/> YES <input type="radio"/> NO
Swimming is conducted according to the safety plan?	<input type="radio"/> YES <input type="radio"/> NO
<b>Before working at the camp's swimming activity, each staff member or volunteer:</b>	
Is trained in the camp's safety plan?	<input type="radio"/> YES <input type="radio"/> NO
Demonstrates knowledge of the camp's safety plan?	<input type="radio"/> YES <input type="radio"/> NO
Is provided with the opportunity to discuss the procedures and have any questions answered by a supervisor?	<input type="radio"/> YES <input type="radio"/> NO
<b>.47 Before participating in swimming is a camper:</b>	
Evaluated and classified as to swimming ability?	<input type="radio"/> YES <input type="radio"/> NO
Evaluated and classified as to other appropriate aquatic skills?	<input type="radio"/> YES <input type="radio"/> NO
Assigned to areas, equipment, facilities, and activities appropriate with the camper's abilities?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is the water activity equipment and facility maintained in good working condition?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is there a safety system in effect to quickly account for all campers during swimming?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is a list of emergency procedures and emergency telephone numbers (fire, police, etc.) posted in a conspicuous place?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is first aid and rescue equipment provided?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is swimming instruction given?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is an instructor present and supervising the activity?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is there 1 lifeguard, with open water certification, for each group of 50 people or fraction of 50 people in the water?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is there 1 16 year old or older staff member, who is not the instructor or lifeguard, on duty observing the campers for each group of 25 campers or fraction of 25 campers in the water?	<input type="radio"/> YES <input type="radio"/> NO
.47 Are there 2 individuals certified in first aid and CPR on duty at the activity?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is there any condition which exists that compromises the ability of the instructor, lifeguard, counselor, or assistant counselor to perform the staff member's job duty?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is an additional instructor, lifeguard, counselor, or assistant counselor on duty?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is there 1 adult staff member, adult volunteer, counselor, or assistant counselor on duty and supervising the campers for each group of 10 campers or fraction of 10 campers participating in the swimming activity?	<input type="radio"/> YES <input type="radio"/> NO
.47 Does the natural diving or swimming area comply with COMAR 26.08.09 and have a valid bathing beach permit issued by the local health department if required?	<input type="radio"/> YES <input type="radio"/> NO
<b>.47 Has the operator ensured that:</b>	
Hazards have been assessed and eliminated or clearly marked before campers swim, dive, or bathe at a natural diving or swimming area?	<input type="radio"/> YES <input type="radio"/> NO
A swimmer is not subjected to a dangerous condition such as a strong current, a sharp drop-off, a quicksand bottom, or rough surf?	<input type="radio"/> YES <input type="radio"/> NO
The water is free from dangerous aquatic life?	<input type="radio"/> YES <input type="radio"/> NO
The bottom is free from hazardous debris, sharp stones, and sharp shells?	<input type="radio"/> YES <input type="radio"/> NO
Swimming, diving, and boating areas are clearly marked or roped off?	<input type="radio"/> YES <input type="radio"/> NO
Diving and swimming programs are conducted at separate times or in separate areas from boating programs?	<input type="radio"/> YES <input type="radio"/> NO

## WATERCRAFT ACTIVITY

TYPE OF WATERCRAFT ACTIVITY:

LOCATION:

Select or type... ▼

OFF SITE LOCATION:

.47 Is camp conducting this activity this year?  Do Not Delete ☐ YES ☐ NO

.47 Is the director or director's designee present at camp? ☐ YES ☐ NO

.47 Is the director or director's designee present at the activity site? ☐ YES ☐ NO

### Review Watercraft Safety Plan

.52 Does camp have a written safety plan? ☐ YES ☐ NO

.52 Does the safety plan define and address the potential health and safety risks for ? ☐ YES ☐ NO

.52 Does the safety plan identify camp staff members' qualifications and responsibilities for ? ☐ YES ☐ NO

.52 Does the plan include operating procedures for:

Informing a parent or guardian, camper, staff member, and volunteer of swimming before a camper participates in ? ☐ YES ☐ NO

Obtaining written authorization from a child's parent or guardian before the child participates in ? ☐ YES ☐ NO

Participation eligibility requirements? ☐ YES ☐ NO

Supervision requirements including camper to staff member ratios? ☐ YES ☐ NO

Safety rules, standards, and practices? ☐ YES ☐ NO

Equipment use, maintenance, and storage? ☐ YES ☐ NO

Maintaining campers, staff members, and volunteers' health and emergency information including when and where the information is maintained? ☐ YES ☐ NO

Emergency communication? ☐ YES ☐ NO

Designating a contact person? ☐ YES ☐ NO

Attendance? ☐ YES ☐ NO

### Observe

.47 Is being observed today? ☐ YES ☐ NO

.52 Has the camp operator ensured that:

Documentation is kept on file that each staff member or volunteer received the training required below? ☐ YES ☐ NO

A camper is instructed in safety procedures and the use of protective equipment? ☐ YES ☐ NO

A camper, staff member, or volunteer is provided with and uses safety equipment suitable to the specialized activity? ☐ YES ☐ NO

is conducted according to the safety plan? ☐ YES ☐ NO

Before working at the camp's activity, each staff member or volunteer:

Is trained in the camp's safety plan? ☐ YES ☐ NO

Demonstrates knowledge of the camp's safety plan? ☐ YES ☐ NO

Is provided with the opportunity to discuss the procedures and have any questions answered by a supervisor? ☐ YES ☐ NO

.47 Before participating in swimming is a camper:

Evaluated and classified as to swimming ability? ☐ YES ☐ NO

Evaluated and classified as to other appropriate aquatic skills? ☐ YES ☐ NO

Assigned to areas, equipment, facilities, and activities appropriate with the camper's abilities? ☐ YES ☐ NO

.47 Is the water activity equipment and facility maintained in good working condition? ☐ YES ☐ NO

.47 Is there a safety system in effect to quickly account for all campers during swimming? ☐ YES ☐ NO

.47 Is a list of emergency procedures and emergency telephone numbers (fire, police, etc.) posted in a conspicuous place? ☐ YES ☐ NO

.47 Is first aid and rescue equipment provided? ☐ YES ☐ NO

.47 Is swimming instruction given?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is an instructor present and supervising the swimming instruction?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is there 1 lifeguard, with open water certification, for each group of 50 people or fraction of 50 people in the water?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is there 1 16 year old or older staff member, who is not the instructor or lifeguard, on duty pool side observing the campers for each group of 25 campers or fraction of 25 campers in the water?	<input type="radio"/> YES <input type="radio"/> NO
.47 Are there 2 individuals certified in first aid and CPR on duty at the activity?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is there any condition which exists that compromises the ability of the instructor, lifeguard, counselor, or assistant counselor to perform the staff member's job duty?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is an additional instructor, lifeguard, counselor, or assistant counselor on duty?	<input type="radio"/> YES <input type="radio"/> NO
.47 Is there 1 adult staff member, adult volunteer, counselor, or assistant counselor on duty and supervising the campers for each group of 10 campers or faction of 10 campers participating in the swimming activity?	<input type="radio"/> YES <input type="radio"/> NO
.47 Does the natural diving or swimming area comply with COMAR 26.08.09 and have a valid bathing beach permit issued by the local health department if required?	<input type="radio"/> YES <input type="radio"/> NO
<b>.47 Has the operator ensured that:</b>	
A watercraft is equipped with U.S. Coast Guard approved personal flotation devices of Type I, II, or III, as prescribed for the specific type of craft and number and age of occupants?	<input type="radio"/> YES <input type="radio"/> NO
A water skier wears a personal flotation device approved by the U.S. Coast Guard for that particular activity?	<input type="radio"/> YES <input type="radio"/> NO
A watercraft towing a water skier has an observer on board in addition to the driver?	<input type="radio"/> YES <input type="radio"/> NO
An occupant of a watercraft wears a U.S. Coast Guard approved personal floatation device?	<input type="radio"/> YES <input type="radio"/> NO
An individual using a watercraft has been given training in boarding, debarking, and safety procedures for the craft?	<input type="radio"/> YES <input type="radio"/> NO
Except on a river trip when the instructor's supervision is described in a written safety plan, an instructor is within sight and hearing of the watercraft activity?	<input type="radio"/> YES <input type="radio"/> NO
An individual holding certification in first aid and CPR is present at each watercraft activity?	<input type="radio"/> YES <input type="radio"/> NO
One lifeguard or water safety rescuer who has lifeguard or rescuer certification appropriate for the watercraft site and activity is present at each water craft activity?	<input type="radio"/> YES <input type="radio"/> NO

## RIFLERY

LOCATION: <input type="text" value="Select or type..."/> OFF SITE LOCATION: <input type="text"/>	
.48 Is camp conducting this activity this year? <input type="text" value="Do Not Delete"/>	<input type="radio"/> YES <input type="radio"/> NO
.48 Is riflery being observed today?	<input type="radio"/> YES <input type="radio"/> NO
<b>.48 Has the operator ensured that:</b>	
The rifle range is located where a camper will not wander into the field of fire while engaged in other camp activities?	<input type="radio"/> YES <input type="radio"/> NO
If possible, the direction of fire is to the north to minimize a shooter being blinded by the sun?	<input type="radio"/> YES <input type="radio"/> NO
A blind approach to the field of fire is fenced, with warning signs posted?	<input type="radio"/> YES <input type="radio"/> NO
The firing line is level from one flank to the other with a minimum of 5 feet between firing points?	<input type="radio"/> YES <input type="radio"/> NO
A ready line is established 10 feet to the rear of the firing points?	<input type="radio"/> YES <input type="radio"/> NO
The rifle range is free of an object that might cause a bounce back or a ricochet?	<input type="radio"/> YES <input type="radio"/> NO
.48 Does visibility extend downrange for at least 3,000 feet beyond the targets?	<input type="radio"/> YES <input type="radio"/> NO
.48 Is there a backstop present that is a hill?	<input type="radio"/> YES <input type="radio"/> NO
<b>.48 Is it a hill that:</b>	
Has a crest of not less than 30 feet above the level of the firing point?	<input type="radio"/> YES <input type="radio"/> NO
Is clear of brush for an area of at least 100 yards up the slope from the targets or to the crest of the hill?	<input type="radio"/> YES <input type="radio"/> NO
Has a cut taken out of the face of the hillside immediately behind the targets to provide a perpendicular face to catch the bullets and prevent ricochet?	<input type="radio"/> YES <input type="radio"/> NO
Has all rocks, glass, and metal removed form the perpendicular cut immediately behind the targets?	<input type="radio"/> YES <input type="radio"/> NO
Has a nonremovable obstacle covered with at least 6 inches of soil and sodded or seeded to prevent a ricochet?	<input type="radio"/> YES <input type="radio"/> NO
.48 Is there a backstop present that is a wood crib?	<input type="radio"/> YES <input type="radio"/> NO

.48 Is it a wood crib that is:		
Filled with dry earth or sand?	<input type="radio"/> YES	<input type="radio"/> NO
At least 10 feet high?	<input type="radio"/> YES	<input type="radio"/> NO
At least 30 inches thick?	<input type="radio"/> YES	<input type="radio"/> NO
At least 6 feet beyond the end of the targets?	<input type="radio"/> YES	<input type="radio"/> NO
.48 Has the operator ensured that:		
A camper is instructed in safe firing range procedures before the camper participates in the activity?	<input type="radio"/> YES	<input type="radio"/> NO
Red firing flags are conspicuously displayed when the range is in use?	<input type="radio"/> YES	<input type="radio"/> NO
Only an individual ready to fire is on the firing line and anyone waiting to fire remains behind the ready line?	<input type="radio"/> YES	<input type="radio"/> NO
An individual stays behind the firing line at all times, except when ordered by the instructor to retrieve targets?	<input type="radio"/> YES	<input type="radio"/> NO
Guns and ammunition are stored separately in a locked storage area?	<input type="radio"/> YES	<input type="radio"/> NO
Is the director or director's designee present at camp or, when the activity occurs off the camp premises, the activity site?	<input type="radio"/> YES	<input type="radio"/> NO
An instructor and at least one counselor or assistant counselor to assist are on the range at all times during a firing session?	<input type="radio"/> YES	<input type="radio"/> NO
One adult staff member, adult volunteer, counselor, or assistant counselor is on duty and supervising the campers for each group of 10 or fraction of 10 campers on the firing line?	<input type="radio"/> YES	<input type="radio"/> NO
.48 Has the instructor ensured that:		
The equipment is clean and in good repair?	<input type="radio"/> YES	<input type="radio"/> NO
The equipment is stored safely and secured?	<input type="radio"/> YES	<input type="radio"/> NO
The equipment use is controlled by means of a checkout system?	<input type="radio"/> YES	<input type="radio"/> NO
Safety glasses are provided for and worn by each shooter and staff member on the firing line?	<input type="radio"/> YES	<input type="radio"/> NO
Ear protection is provided for and worn by each shooter and staff member on the firing line?	<input type="radio"/> YES	<input type="radio"/> NO
Review Riflery Procedures		
.52 Has a written safety plan been prepared for riflery?	<input type="radio"/> YES	<input type="radio"/> NO
.52 Does the safety plan define and address the potential health and safety risks for riflery?	<input type="radio"/> YES	<input type="radio"/> NO
.52 Does the safety plan identify camp staff members' qualifications and responsibilities for riflery?	<input type="radio"/> YES	<input type="radio"/> NO
.52 Does the safety plan include procedures for:		
Informing a parent or guardian, camper, staff member, and volunteer of the activity before a camper participates in riflery?	<input type="radio"/> YES	<input type="radio"/> NO
Obtaining written authorization from a child's parent or guardian before the child participates in riflery?	<input type="radio"/> YES	<input type="radio"/> NO
Participation eligibility requirements?	<input type="radio"/> YES	<input type="radio"/> NO
Supervision requirements including camper to staff member ratios?	<input type="radio"/> YES	<input type="radio"/> NO
Safety rules, standards, and practices?	<input type="radio"/> YES	<input type="radio"/> NO
Equipment use, maintenance, and storage?	<input type="radio"/> YES	<input type="radio"/> NO
Maintaining campers, staff members, and volunteers' health and emergency information including when and where the information is maintained?	<input type="radio"/> YES	<input type="radio"/> NO
Emergency communication?	<input type="radio"/> YES	<input type="radio"/> NO
Designating a contact person?	<input type="radio"/> YES	<input type="radio"/> NO
Attendance?	<input type="radio"/> YES	<input type="radio"/> NO
.52 Has the camp operator ensured that:		
Documentation is kept on file that each staff member or volunteer received the training required below?	<input type="radio"/> YES	<input type="radio"/> NO
A camper is instructed in safety procedures and the use of protective equipment?	<input type="radio"/> YES	<input type="radio"/> NO
A camper, staff member, or volunteer is provided with and uses safety equipment suitable to the specialized activity?	<input type="radio"/> YES	<input type="radio"/> NO
Riflery is conducted according to the safety plan?	<input type="radio"/> YES	<input type="radio"/> NO
Before working at the camp's riflery activity, each staff member or volunteer:		
Is trained in the camp's safety plan?	<input type="radio"/> YES	<input type="radio"/> NO

Demonstrates knowledge of the camp's safety plan?	<input type="radio"/> YES <input type="radio"/> NO
Is provided with the opportunity to discuss the procedures and have any questions answered by a supervisor?	<input type="radio"/> YES <input type="radio"/> NO

## AIR GUNS

LOCATION:  OFF SITE LOCATION:

.48 Is camp conducting this activity this year? <input type="button" value="Do Not Delete"/>	<input type="radio"/> YES <input type="radio"/> NO
.48 Is air gun activity being observed today?	<input type="radio"/> YES <input type="radio"/> NO

### .48 Has the operator ensured that:

The air gun range is located where a camper will not wander into the field of fire while engaged in other camp activities?	<input type="radio"/> YES <input type="radio"/> NO
If possible, the direction of fire is to the north to minimize a shooter being blinded by the sun?	<input type="radio"/> YES <input type="radio"/> NO
A blind approach to the field of fire is fenced, with warning signs posted?	<input type="radio"/> YES <input type="radio"/> NO
The firing line is level from one flank to the other with a minimum of 5 feet between firing points?	<input type="radio"/> YES <input type="radio"/> NO
A ready line is established 10 feet to the rear of the firing points?	<input type="radio"/> YES <input type="radio"/> NO
The air gun range is free of an object that might cause a bounce back or a ricochet?	<input type="radio"/> YES <input type="radio"/> NO
.48 Is the entire safety fan area of the air gun range unoccupied?	<input type="radio"/> YES <input type="radio"/> NO
.48 Does visibility extend downrange for at least 3,000 feet beyond the targets?	<input type="radio"/> YES <input type="radio"/> NO

.48 Is there a backstop present that is a hill?	<input type="radio"/> YES <input type="radio"/> NO
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### .48 Is it a hill that:

Has a crest of not less than 30 feet above the level of the firing point?	<input type="radio"/> YES <input type="radio"/> NO
Is clear of brush for an area of at least 100 yards up the slope from the targets or to the crest of the hill?	<input type="radio"/> YES <input type="radio"/> NO
Has a cut taken out of the face of the hillside immediately behind the targets to provide a perpendicular face to catch the bullets and prevent ricochet?	<input type="radio"/> YES <input type="radio"/> NO
Has all rocks, glass, and metal removed from the perpendicular cut immediately behind the targets?	<input type="radio"/> YES <input type="radio"/> NO
Has a nonremovable obstacle covered with at least 6 inches of soil and sodded or seeded to prevent a ricochet?	<input type="radio"/> YES <input type="radio"/> NO

.48 Is there a backstop present that is a wood crib?	<input type="radio"/> YES <input type="radio"/> NO
--	--

### .48 Is it a wood crib that is:

Filled with dry earth or sand?	<input type="radio"/> YES <input type="radio"/> NO
At least 10 feet high?	<input type="radio"/> YES <input type="radio"/> NO
At least 30 inches thick?	<input type="radio"/> YES <input type="radio"/> NO
At least 6 feet beyond the end of the targets?	<input type="radio"/> YES <input type="radio"/> NO

.48 Is there another type of backstop?	<input type="radio"/> YES <input type="radio"/> NO
--	--

### .48 Is it a backstop that:

Is covered with soft material to prevent a ricochet, a bounce back, or a shot from leaving the range area?	<input type="radio"/> YES <input type="radio"/> NO
Has walls or side berms that are covered with soft materials to prevent a ricochet, a bounce back, or a shot from leaving the range area?	<input type="radio"/> YES <input type="radio"/> NO
Is sufficient to stop or contain the pellets?	<input type="radio"/> YES <input type="radio"/> NO

### .48 Has the operator ensured that:

A camper is instructed in safe firing range procedures before the camper participates in the activity?	<input type="radio"/> YES <input type="radio"/> NO
Red firing flags are conspicuously displayed when the range is in use?	<input type="radio"/> YES <input type="radio"/> NO
Only an individual ready to fire is on the firing line and anyone waiting to fire remains behind the ready line?	<input type="radio"/> YES <input type="radio"/> NO
An individual stays behind the firing line at all times, except when ordered by the instructor to retrieve targets?	<input type="radio"/> YES <input type="radio"/> NO
Guns and ammunition are stored separately in a locked storage area?	<input type="radio"/> YES <input type="radio"/> NO
Is the director or director's designee present at camp or, when the activity occurs off the camp premises, the activity site?	<input type="radio"/> YES <input type="radio"/> NO

An instructor and at least one counselor or assistant counselor to assist are on the range at all times during a firing session?	<input type="radio"/> YES <input type="radio"/> NO
One adult staff member, adult volunteer, counselor, or assistant counselor is on duty and supervising the campers for each group of 10 or fraction of 10 campers on the firing line?	<input type="radio"/> YES <input type="radio"/> NO
<b>.48 Has the instructor ensured that:</b>	
The equipment is clean and in good repair?	<input type="radio"/> YES <input type="radio"/> NO
The equipment is stored safely and secured?	<input type="radio"/> YES <input type="radio"/> NO
The equipment use is controlled by means of a checkout system?	<input type="radio"/> YES <input type="radio"/> NO
Safety glasses are provided for and worn by each shooter and staff member on the firing line?	<input type="radio"/> YES <input type="radio"/> NO
Ear protection is provided for and worn by each shooter and staff member on the firing line?	<input type="radio"/> YES <input type="radio"/> NO
<b>Review Air Gun Procedures</b>	
.52 Has a written safety plan been prepared for air guns?	<input type="radio"/> YES <input type="radio"/> NO
.52 Does the safety plan define and address the potential health and safety risks for air guns?	<input type="radio"/> YES <input type="radio"/> NO
.52 Does the safety plan identify camp staff members' qualifications and responsibilities for air guns?	<input type="radio"/> YES <input type="radio"/> NO
<b>.52 Does the safety plan include procedures for:</b>	
Informing a parent or guardian, camper, staff member, and volunteer of the activity before a camper participates in air guns?	<input type="radio"/> YES <input type="radio"/> NO
Obtaining written authorization from a child's parent or guardian before the child participates in air guns?	<input type="radio"/> YES <input type="radio"/> NO
Participation eligibility requirements?	<input type="radio"/> YES <input type="radio"/> NO
Supervision requirements including camper to staff member ratios?	<input type="radio"/> YES <input type="radio"/> NO
Safety rules, standards, and practices?	<input type="radio"/> YES <input type="radio"/> NO
Equipment use, maintenance, and storage?	<input type="radio"/> YES <input type="radio"/> NO
Maintaining campers, staff members, and volunteers' health and emergency information including when and where the information is maintained?	<input type="radio"/> YES <input type="radio"/> NO
Emergency communication?	<input type="radio"/> YES <input type="radio"/> NO
Designating a contact person?	<input type="radio"/> YES <input type="radio"/> NO
Attendance?	<input type="radio"/> YES <input type="radio"/> NO
<b>.52 Has the camp operator ensured that:</b>	
Documentation is kept on file that each staff member or volunteer received the training required below?	<input type="radio"/> YES <input type="radio"/> NO
A camper is instructed in safety procedures and the use of protective equipment?	<input type="radio"/> YES <input type="radio"/> NO
A camper, staff member, or volunteer is provided with and uses safety equipment suitable to the specialized activity?	<input type="radio"/> YES <input type="radio"/> NO
Air Guns are conducted according to the safety plan?	<input type="radio"/> YES <input type="radio"/> NO
<b>Before working at the camp's air gun activity, each staff member or volunteer:</b>	
Is trained in the camp's safety plan?	<input type="radio"/> YES <input type="radio"/> NO
Demonstrates knowledge of the camp's safety plan?	<input type="radio"/> YES <input type="radio"/> NO
Is provided with the opportunity to discuss the procedures and have any questions answered by a supervisor?	<input type="radio"/> YES <input type="radio"/> NO

## ARCHERY

LOCATION: <input type="text" value="Select or type..."/>	OFF SITE LOCATION: <input type="text"/>
.49 Is camp conducting this activity this year? <input type="text" value="Do Not Delete"/>	<input type="radio"/> YES <input type="radio"/> NO
.49 Is archery being observed today?	<input type="radio"/> YES <input type="radio"/> NO
<b>.49 Has the camp operator ensured that:</b>	
An archery range is located where a camper will not wander into the danger area while engaged in other camp activities?	<input type="radio"/> YES <input type="radio"/> NO
An archery range is clearly marked to warn individuals away from the danger area?	<input type="radio"/> YES <input type="radio"/> NO
When possible, the shooting direction is to the north to minimize an archer being blinded by the sun?	<input type="radio"/> YES <input type="radio"/> NO
The shooting area has at least 50 yards of clearance or an archery net behind each target?	<input type="radio"/> YES <input type="radio"/> NO
Are different archer-to-target distances required for a group that is shooting at the same time on	<input type="radio"/> YES <input type="radio"/> NO

the same field?		
Is one common shooting line used?	<input type="radio"/> YES <input type="radio"/> NO	
Are the targets set at a distance from the shooting line that is appropriate with the skill level of the camper?	<input type="radio"/> YES <input type="radio"/> NO	
Archers fire from a common firing line with a ready line marked behind it?	<input type="radio"/> YES <input type="radio"/> NO	
Only an archer ready to shoot is on the firing line and anyone waiting to shoot remains behind the ready line?	<input type="radio"/> YES <input type="radio"/> NO	
An individual stays behind the firing line at all times except when ordered by the instructor to retrieve a target or an arrow?	<input type="radio"/> YES <input type="radio"/> NO	
Bows and arrows are stored in a locked enclosure?	<input type="radio"/> YES <input type="radio"/> NO	
During the archery activity, a director is present at the camp or, when the activity occurs off the camp premises, the activity site?	<input type="radio"/> YES <input type="radio"/> NO	
An instructor and at least one counselor or assistant counselor to assist are on the range at all times during a firing session?	<input type="radio"/> YES <input type="radio"/> NO	
One adult staff member, adult volunteer, counselor, or assistant counselor is on duty and supervising the campers for each group of 10 campers or fraction of 10 campers on the firing line?	<input type="radio"/> YES <input type="radio"/> NO	
Review Archery Procedures		
.52 Has a written safety plan been prepared for archery?	<input type="radio"/> YES <input type="radio"/> NO	
.52 Does the safety plan define and address the potential health and safety risks for archery?	<input type="radio"/> YES <input type="radio"/> NO	
.52 Does the safety plan identify camp staff members' qualifications and responsibilities for archery?	<input type="radio"/> YES <input type="radio"/> NO	
.52 Does the safety plan include procedures for:		
Informing a parent or guardian, camper, staff member, and volunteer of the activity before a camper participates in archery?	<input type="radio"/> YES <input type="radio"/> NO	
Obtaining written authorization from a child's parent or guardian before the child participates in archery?	<input type="radio"/> YES <input type="radio"/> NO	
Participation eligibility requirements?	<input type="radio"/> YES <input type="radio"/> NO	
Supervision requirements including camper to staff member ratios?	<input type="radio"/> YES <input type="radio"/> NO	
Safety rules, standards, and practices?	<input type="radio"/> YES <input type="radio"/> NO	
Equipment use, maintenance, and storage?	<input type="radio"/> YES <input type="radio"/> NO	
Maintaining campers, staff members, and volunteers' health and emergency information including when and where the information is maintained?	<input type="radio"/> YES <input type="radio"/> NO	
Emergency communication?	<input type="radio"/> YES <input type="radio"/> NO	
Designating a contact person?	<input type="radio"/> YES <input type="radio"/> NO	
Attendance?	<input type="radio"/> YES <input type="radio"/> NO	
.52 Has the camp operator ensured that:		
Documentation is kept on file that each staff member or volunteer received the training required below?	<input type="radio"/> YES <input type="radio"/> NO	
A camper is instructed in safety procedures and the use of protective equipment?	<input type="radio"/> YES <input type="radio"/> NO	
A camper, staff member, or volunteer is provided with and uses safety equipment suitable to the specialized activity?	<input type="radio"/> YES <input type="radio"/> NO	
Archery is conducted according to the safety plan?	<input type="radio"/> YES <input type="radio"/> NO	
Before working at the camp's archery activity, each staff member or volunteer:		
Is trained in the camp's safety plan?	<input type="radio"/> YES <input type="radio"/> NO	
Demonstrates knowledge of the camp's safety plan?	<input type="radio"/> YES <input type="radio"/> NO	
Is provided with the opportunity to discuss the procedures and have any questions answered by a supervisor?	<input type="radio"/> YES <input type="radio"/> NO	
HORSEBACK RIDING		
LOCATION: <input type="text" value="Select or type..."/>	OFF SITE LOCATION: <input type="text"/>	
.50 Is camp conducting this activity this year? <input type="text" value="Do Not Delete"/>	<input type="radio"/> YES <input type="radio"/> NO	
.50 Is horseback riding being observed today?	<input type="radio"/> YES <input type="radio"/> NO	
.50 Has the camp operator ensured that:		
A riding instructor determines a camper's riding experience and level of skill before assigning a horse and deciding whether the camper rides in a ring or on a trail?	<input type="radio"/> YES <input type="radio"/> NO	
A rider wears protective headgear at all times?	<input type="radio"/> YES <input type="radio"/> NO	



That the protective headgear bears the label of the American Society for Testing and Materials (ASTM) F1163?	<input type="radio"/> YES <input type="radio"/> NO
A rider wears shoes with heels or used closed stirrups?	<input type="radio"/> YES <input type="radio"/> NO
All horses are healthy and well cared for?	<input type="radio"/> YES <input type="radio"/> NO
A horse riding stable meets the requirements of COMAR15.16.01 and is maintained in good condition?	<input type="radio"/> YES <input type="radio"/> NO
One adult staff member, adult volunteer, counselor, or assistant counselor is on duty and supervising the campers for each group of 10 riders or fraction of 10 riders at each horseback riding activity and trail excursion?	<input type="radio"/> YES <input type="radio"/> NO
An instructor is present at each horseback riding activity and trail excursion?	<input type="radio"/> YES <input type="radio"/> NO
<b>Review Horseback Riding Procedures</b>	
.52 Has a written safety plan been prepared for horseback riding?	<input type="radio"/> YES <input type="radio"/> NO
.52 Does the safety plan define and address the potential health and safety risks for horseback riding?	<input type="radio"/> YES <input type="radio"/> NO
.52 Does the safety plan identify camp staff members' qualifications and responsibilities for horseback riding?	<input type="radio"/> YES <input type="radio"/> NO
<b>.52 Does the safety plan include procedures for:</b>	
Informing a parent or guardian, camper, staff member, and volunteer of the activity before a camper participates in horseback riding?	<input type="radio"/> YES <input type="radio"/> NO
Obtaining written authorization from a child's parent or guardian before the child participates in horseback riding?	<input type="radio"/> YES <input type="radio"/> NO
Participation eligibility requirements?	<input type="radio"/> YES <input type="radio"/> NO
Supervision requirements including camper to staff member ratios?	<input type="radio"/> YES <input type="radio"/> NO
Safety rules, standards, and practices?	<input type="radio"/> YES <input type="radio"/> NO
Equipment use, maintenance, and storage?	<input type="radio"/> YES <input type="radio"/> NO
Maintaining campers, staff members, and volunteers' health and emergency information including when and where the information is maintained?	<input type="radio"/> YES <input type="radio"/> NO
Emergency communication?	<input type="radio"/> YES <input type="radio"/> NO
Designating a contact person?	<input type="radio"/> YES <input type="radio"/> NO
Attendance?	<input type="radio"/> YES <input type="radio"/> NO
<b>.52 Has the camp operator ensured that:</b>	
Documentation is kept on file that each staff member or volunteer received the training required below?	<input type="radio"/> YES <input type="radio"/> NO
A camper is instructed in safety procedures and the use of protective equipment?	<input type="radio"/> YES <input type="radio"/> NO
A camper, staff member, or volunteer is provided with and uses safety equipment suitable to the specialized activity?	<input type="radio"/> YES <input type="radio"/> NO
Horseback riding is conducted according to the safety plan?	<input type="radio"/> YES <input type="radio"/> NO
<b>Before working at the camp's horseback riding activity, each staff member or volunteer:</b>	
Is trained in the camp's safety plan?	<input type="radio"/> YES <input type="radio"/> NO
Demonstrates knowledge of the camp's safety plan?	<input type="radio"/> YES <input type="radio"/> NO
Is provided with the opportunity to discuss the procedures and have any questions answered by a supervisor?	<input type="radio"/> YES <input type="radio"/> NO

<b>OTHER SPECIALIZED ACTIVITY</b>	
TYPE OF ACTIVITY: <input type="text"/>	
LOCATION: <input type="text"/>	OFF SITE LOCATION: <input type="text"/>
.51 Is camp conducting this activity this year? <input type="text"/>	<input type="radio"/> YES <input type="radio"/> NO
<b>Review Procedures</b>	
.52 Has a written safety plan been prepared for ?	<input type="radio"/> YES <input type="radio"/> NO
.52 Does the safety plan define and address the potential health and safety risks for ?	<input type="radio"/> YES <input type="radio"/> NO
.52 Does the safety plan identify camp staff members' qualifications and responsibilities for ?	<input type="radio"/> YES <input type="radio"/> NO
<b>.52 Does the safety plan include procedures for:</b>	
Informing a parent or guardian, camper, staff member, and volunteer of the activity before a camper participates in ?	<input type="radio"/> YES <input type="radio"/> NO



Obtaining written authorization from a child's parent or guardian before the child participates in ?	<input type="radio"/> YES <input type="radio"/> NO
Participation eligibility requirements?	<input type="radio"/> YES <input type="radio"/> NO
Supervision requirements including camper to staff member ratios?	<input type="radio"/> YES <input type="radio"/> NO
Safety rules, standards, and practices?	<input type="radio"/> YES <input type="radio"/> NO
Equipment use, maintenance, and storage?	<input type="radio"/> YES <input type="radio"/> NO
Maintaining campers, staff members, and volunteers' health and emergency information including when and where the information is maintained?	<input type="radio"/> YES <input type="radio"/> NO
Emergency communication?	<input type="radio"/> YES <input type="radio"/> NO
Designating a contact person?	<input type="radio"/> YES <input type="radio"/> NO
Attendance?	<input type="radio"/> YES <input type="radio"/> NO

Observe <span style="background-color: white; color: black; padding: 0 20px;"> </span>
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.52 Is	being observed today?	<input type="radio"/> YES <input type="radio"/> NO
.52 Has the camp operator ensured that:		
Documentation is kept on file that each staff member or volunteer received the training required below?		<input type="radio"/> YES <input type="radio"/> NO
A camper is instructed in safety procedures and the use of protective equipment?		<input type="radio"/> YES <input type="radio"/> NO
A camper, staff member, or volunteer is provided with and uses safety equipment suitable to the specialized activity?		<input type="radio"/> YES <input type="radio"/> NO
is conducted according to the safety plan?		<input type="radio"/> YES <input type="radio"/> NO
A director or director's designee is present at the camp or, when the activity occurs off the camp premises, the activity site?		<input type="radio"/> YES <input type="radio"/> NO
An instructor is present at the specialized activity?		<input type="radio"/> YES <input type="radio"/> NO
One adult staff member, adult volunteer, counselor, or assistant counselor is on duty and supervising the campers for each group of 10 campers or fraction of 10 campers?		<input type="radio"/> YES <input type="radio"/> NO
Before working at the camp's activity, each staff member or volunteer:		
Is trained in the camp's safety plan?		<input type="radio"/> YES <input type="radio"/> NO
Demonstrates knowledge of the camp's safety plan?		<input type="radio"/> YES <input type="radio"/> NO
Is provided with the opportunity to discuss the procedures and have any questions answered by a supervisor?		<input type="radio"/> YES <input type="radio"/> NO


INSPECTION VIOLATIONS, COMMENTS, AND NOTES
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This camp has not submitted an Annual Report for the previous year to the Department of Health and Mental Hygiene, violating COMAR 10.16.06.06. *			
This camp does not have a Certificate or Letter of Compliance issued from the Maryland Department of Health and Mental Hygiene, violating COMAR 10.16.06.07.			
This camp did not submit an application to the Maryland Department of Health and Mental Hygiene, violating COMAR 10.16.06.08.			
This camp did not submit the appropriate application fee or alternative accreditation documentation to the Maryland Department of Health and Mental Hygiene, violating COMAR 10.16.06.08.			
This camp has outstanding violations which have not been corrected in the time period specified, violating COMAR 10.16.06.10.			
This camp has not posted the Certificate or Letter of Compliance, violating COMAR 10.16.06.13.			
This camp constructed, remodeled, enlarged, converted, or reduced facilities without obtaining the proper permits, violating COMAR 10.16.06.20. *			
This camp is missing criminal background checks for the following individual(s), violating COMAR 10.16.06.21.			
	MD Present	FBI Present	Date Corrected
	_____	_____	_____